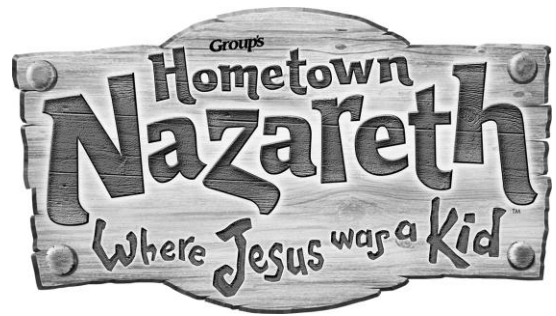


Vacation Bible School at
 St. Mary's Episcopal Church
 July 13-17, 9:00am-12:00pm
 for children age 3 through rising 5th graders



Dear Parents,

We are so excited to offer five days of fun-filled activities during Vacation Bible School this year and hope you will sign up to have your children ages 3 through rising (in the fall) 5th graders participate! The theme this year is "Hometown Nazareth" where children learn all about Jesus' life as a child. "Hometown Nazareth" will be filled with team-building games, Bible-learning experiences, music, outdoor recreation and more! *Please know that this is not limited to children of St. Mary's parishioners - all children are welcome to join us!* The requested donation for all five days is \$35 per child. Please return this form as soon as possible with your donation payable to St. Mary's Episcopal Church. If you have any questions about participation or if you can help us as a volunteer during these five days, please contact our Minister to Children and Youth, Kristopher Adams (kadams@stmarysgoochland.org or 804-784-5678).



Name(s) of Parent(s) _____

Address _____

Cell Phone Number _____ (Mother) _____ (Father)

E-mail Address _____ (Mother) _____ (Father)

Child(ren) participating in VBS:

Name	Birth Date	Grade Entering in Fall
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Are there any problems with allergies or medical conditions that would affect participation in any VBS activity for your child(ren)?

No _____ Yes _____

If yes, please explain (especially food allergies):

Please list any other adults (non-parents) who will be **picking up or dropping off your child**:

Name: _____ Phone: _____ Relationship: _____

Please circle which days: Mon. Tues. Wed. Thurs. Fri.

Please list an **emergency contact** if you are unable to be reached:

Name: _____ Phone: _____ Relationship: _____

Please list your **family physician** in case of an emergency:

Name: _____ Phone: _____

Does St. Mary's have your permission to seek medical treatment for your child(ren), if necessary, should you or your emergency contact be unreachable?

No _____ Yes _____

Parent Signature: _____ Date: _____

Adult & Youth Volunteers

Vacation Bible School cannot happen without your help! Please sign up for the days you are available to volunteer and for activities in which you are interested. Thank you!

Name: _____ Phone: _____ Email: _____

Age (if under 18): _____

Please circle the days you would be available to help:

Mon. Tues. Wed. Thurs. Fri.

Please circle the areas in which you would like to help:

Youth Volunteer (if under 18)

Recreation Volunteer

Adult Volunteer (Floater)

Snack Volunteer

Craft Volunteer

Publicity Team

Registration Table Volunteer

Decorating Team